



Agency Records Disposition Schedule

Department: Department of Health and Senior Services

Section: Section for Health Standards and Licensure

Division: Division of Regulation and Licensure

Sub-Section: Bureau of Outpatient Healthcare

TITLE: Independent Laboratories Certification

CUTOFF: final action

DESCRIPTION: Records include, but are not limited to Form 116 - applications; change letters and qualifications of lab directors submitted by providers and Form 209 - laboratory personnel report; Form 1557 - survey report form and test volumes; Form 2567-SOD/POC, Form 1539 - certification and transmittal; Form 2576B - Revisit Report; validation letters from Center for Medicare Services. These records are required for Federal Clinical Laboratory Improvement Amendment Certification.

RETENTION: Years: 6 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 7671

SERIES STATUS: Approved

APPROVAL DATE:

11/13/2013

TITLE: Renal Dialysis Provider Certification

CUTOFF: EOSFY

DESCRIPTION: Records include, but are not limited to applications, recertifications or changes, Form 3427, Form 855A - intermediary approval and a letter recommending enrollment submitted by the provider applying for certification. The record also includes Form 2567 - SOD/POC; complaint narrative; Form 1539 - certification & transmittal, Form 2567B revisit report, generated by the Bureau of Outpatient Healthcare. All forms are required for Medicare Certification. These records are also the only complete list of places qualified to provide renal dialysis for Medicare patients in Missouri.

RETENTION: Years: 6 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 7674

SERIES STATUS: Approved

APPROVAL DATE:

11/13/2013



Agency Records Disposition Schedule

Department: Department of Health and Senior Services

Section: Section for Health Standards and Licensure

Division: Division of Regulation and Licensure

Sub-Section: Bureau of Outpatient Healthcare

TITLE: Rural Health Clinic Certification

CUTOFF: EOSFY in which clinic certified

DESCRIPTION: Records include, but are not limited to service provider generated documentation such as Form 855A, a letter recommending enrollment, Application Form CMS 29, Form CMS 690, Form 1561a, and Form 441, which is a Health and Senior Services Civil Rights Packet for provider based rural health services. The Bureau of Outpatient Healthcare also includes any recertifications, a Center for Medicare Services 30 workbook, Form 2567 SOD/POC, all letters of changes; Form 1539, complaint narratives and Form 2567 a revisit report. Records are required for Medicare Certification of Rural Health Clinics.

RETENTION: Years: 8 Months: 0 Days: 0

NOTES:

DISPOSITION ACTION: Destroy

SERIES: 7692

SERIES STATUS: Approved

APPROVAL DATE: 11/13/2013
